Industrial User Inspection Checklist

1.	<pre>Industry Name:</pre>		
2.	Site Address(s):		
3.	Mailing Address:		
4.	Contact(1):		
5.	Title:		
6.	Telephone Number:		
7.	Contact(2):		
8.	Title:		
9.	Telephone Number:		
Cred	dentials presented	to whom ?	
010	activities processions.		
T			
	pector(s)		
Name	<u>e</u>	<u>Agency</u>	<u>Telephone Number</u>

Inspe	ecti	on Date/				
		omplete sections A-E prior to onsite visit. eral Information				
Gei	nera	l Description of Processes and Products.				
2a.	Categorical Industry ? Yes No					
	b.	Category(s):				
		Subcategory(s):				
		Regulatory New Source Date/				
	С.	New Source ? Yes No				
	d.	List of categorical processes				
	е.	List other operations producing wastewater.				

3.	Are any alternates to effluent monitoring conducted ? (e.g., TTO/TOMP requirements)?						
	Yes No) <u></u>					
	Describe:						
4.	Provide product production base		-	ses subjec	t to		
Proc	<u>cess</u>	· ·	n Rate Used lating Limits	<u> </u>	on Rate for 12 Months		
5.	Any anticipated	d changes i	n processes or	productio	n rates ?		
	Yes No	_ Describe					
В.	SHIFT INFORMATI	<u>ION</u>					
1.	No. of Employee	<u> </u>	<u>Hours</u>	<u>W</u>	ork Days		
Shif	Et 1:						
2.	Is production s	seasonal ?	Yes No _				
	Explain:						

C. <u>WASTEWATER DISCHARGES</u>

1. Attach a block flow diagram of manufacturing process, chemical storage area, and wastewater generated. Identify all regulated, unregulated and dilution wastewater discharges. Include sampling location, discharge flowrates and method of disposal.* Note any changes and obtain a new diagram if necessary.

* Di:	sposa	al Method
ND - BD - HH - OD -	Not Bato Haul Othe	cinuous discharge to sanitary discharged or disposed ch discharge to sanitary sewer led as hazardous waste er disposal - not to sanitary sewer led as nonhazardous waste
D.	PRE]	REATMENT FACILITY
	1.	Pretreatment installed ? Yes No
	2.	Attach a schematic of the pretreatment facility ($include$ all units and sludge storage)
	3.	Briefly describe operation.
	4.	Describe sludge storage and disposal method.
	5.	Describe appearance of effluent at time of inspection.

E. <u>CURRENT COMPLIANCE STATUS</u>

1. Indicate compliance status with:

	a.	effluent limits
	b.	monitoring
	С.	reporting
2.	Des	cribe existing enforcement actions (attach schedule)
3.	Wha	t is current status of compliance with schedule ?

4. <u>OTHER COMMENTS</u>

F. <u>SELF MONITORING</u>

1.	Does facility have sampling plan or protocol including use of 40 C.F.R. Part 136 techniques (obtain copy)?
	Yes No
2.	Is sampling location (C.1) same as in control mechanism?
	Yes No
	If no, explain
3.	Is sampling location appropriate ? Yes No
	If no, explain
4.	Are any parameters monitored by approved methods more frequently than required ?
	Yes No
	If yes, are all results submitted to the Control Authority ?
	Yes No
5.	Does facility resample and report within 30 days of discovering a violation ?
	Yes No
6.	Are sampling records maitained on site ? Yes No
	For how long ?
7.	a. How is flow measured ?
	b. Is measurement location appropriate ? Yes No
	c. Is flow measurement device calibrated ?
	Yes No N/A How often ?

	8.	Is monitoring equipment (e.g. pH meter) calibrated ?
		Yes No How often ?
	9.	Is sampling and analysis done in-house or by contract ?
	10.	<pre>Is QA/QC program for sampling and analysis adequate ? (obtain copy of plan if available) Yes No If no, explain</pre>
		105 NO II NO, EXPLAIN
	11.	Describe any perceived deficiencies in the self-monitoring program.
G	Haza	ardous Material Management
	1.	Is IU aware of RCRA regulations ? Yes No
	2.	Does facility generate any hazardous waste ?
		Yes No
		If yes, indicate type and method of management on site and means of disposal on a separate sheet. Describe any spillage problems or any other releases that are observed.
	3.	Has facility notified POTW and EPA of any hazardous waste discharges to the sewer ?
		Yes No N/A

1.	Does	the	IU	hav	e a	spill	prevention	(SP)
	spill	s to	th	ne P	OTW	3		

H. SPILL PREVENTION

1.	Does the IU have a spill prevention (SP) plan to address spills to the POTW ?
	Yes No Unknown N/A
2.	Does the facility have spill notification procedures posted ?
	Yes No Unknown N/A
3a	. Has the facility had any spills or been responsible for slug loads ?
	Yes No Unknown N/A
3b	. If yes, was POTW notified ?
	Yes No Unknown N/A
4.	Did the IU follow procedures outlined in the spill plan at the time of spills ?
	Yes No Unknown N/A
5.	Were procedures effective in containing spill ?

		Yes No Unknown N/A
	6.	Is the facility keeping records of spill events ?
		Yes No Unknown N/A
	7.	Have there been any changes in spill procedures recently ?
		Yes No Unknown N/A
		Describe:
	8.	General Comments:
		(i.e. perceive deficiencies/violations/discrepancies)
I	FI	LE REVIEW (indicate Y (in file) or N (not in file))
	1.	Current IU control mechanism ?
	2.	Notices and correspondence with control authority including:
		a. Self monitoring report transmittals ?
		b. BMR if required ?
		c. Other ?
	3.	Do sampling records include:
		a. Date of sampling event ?
		b. Time of sampling event ?
		c. Name of sampling person and affiliation ?

		d. Sample collection method ?	
		e. Method of sample preservation ?	
		f. Description of sample location ?	
		g. Name of person conducting analysis ?	
		h. Date of analysis ?	
		i. Time of analysis ?	
		j. Sample analyses method ?	
	4.	Is type of sample as specified in control mechanism ?	
	5.	Are all parameters monitored at the required frequency? Note any discrepencies in section K.	
	6.	Analytical results ?	
	7a.	Are all monitoring results sent to the Control Authority ?	
	b.	Copies to POTW ?	
	8.	Appropriate production records for production based standards ?	
	9.	Documentation of flow rates and volumes ?	
	10.	Are records maintained at least 3 years ?	
J.	SAM	PLING	
	1.	Were samples taken ? Yes No	
		If yes, attach sample results.	
	2.	Describe sampling location, method & time.	
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K. <u>OTHER COMMENTS</u>

Note any entry or other problems.